

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

3041-62-023386  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

FILED JUN 25 1962

VS 300  
Rev. 4/59

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DATE AMENDED  
6-19-62

INSTEAD OF  
571-10-3349

SHOULD READ  
571-10-3344

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

BY AFFIDAVIT OF Sandra Rupp (Informant) DOCUMENT

John H. Owens MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City</b>	
Length of stay in lb <b>50 Years</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3835 Main St.</b>		d. STREET ADDRESS (If outside, give location) <b>3835 Main St.</b>	
3. NAME OF DECEASED (Type or print) First <b>WILLIAM</b> Middle <b>F.</b> Last <b>RUPP</b>		4. DATE OF DEATH Month <b>June</b> Day <b>7</b> Year <b>1962</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>9/3/94</b>
9. AGE (last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pipe fitter</b>	
11. BIRTHPLACE (City and state or country) <b>Topeka, Kansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U S A</b>	
13a. FATHER'S NAME <b>Chris Rupp</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Keller</b>	
14. NAME OF HUSBAND OR WIFE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes WW1</b>	
16. SOCIAL SECURITY NO. <b>WW1</b>		17. INFORMANT Address <b>Miss Sandra Rupp, 3938 Locust, K.C. Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Multiple fractures all</b> <b>of femurs &amp; ribs</b> DUE TO (b) <b>Left intact</b> DUE TO (c) <b>Hall</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Jumped from Hall window</b>	
20c. TIME OF INJURY Hour <b>6-7</b> Month, Day, Year <b>6-7-62</b> a.m. p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hall</b>	20f. CITY, TOWN, OR LOCATION <b>Kansas City</b>	COUNTY <b>Jackson</b> STATE <b>Mo</b>
21. I attended the deceased from _____, to _____, and last saw him alive on _____. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>John H. Owens</b>	
22b. ADDRESS <b>152 Union Station</b>		22c. DATE SIGNED <b>6-8-62</b>	
23a. BURIAL, CREMATION, or REMOVAL (Specify) <b>Removal</b>		23b. DATE REMOVAL (Specify) <b>6/9/62</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Topeka, Kansas</b>		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar, K.C. 11, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-8-62</b>	
26. REGISTRAR'S SIGNATURE <b>Ruth N. Long</b>			

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 05038

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.